Westmont College Counseling Center Request for Counseling

Thank you for making an important decision to seek counseling. In order to serve you better, please fill out this confidential form and return it to Claire Cetti, office manager of the Counseling Center. She will contact you as soon as possible by phone, email, or in person once you bring it in. Questions? Call Claire at x6003, or email her at ccetti@westmont.edu.

Name: ______________________________ Today's date: ________________

Cell phone: __________________________ Email: ____________________

Best way to contact you: ___ Phone ___ Email

Class Year: _______ Major: ____________ Residence: ________________

Reason for counseling request: (check all that apply):

___ Anxiety  ___ Communication  ___ Decisions
___ Depression  ___ Eating/Body Issues  ___ Family Issues
___ Grief/Loss  ___ Identity/self worth  ___ Relationships
___ Re-entry  ___ Other:  ___ I'm in a Crisis
___ I just want to talk to someone  ___ I'd rather not write it down

Level of Distress:

Mild 1-----2---------3--------4--------5--------6--------7--------8--------9--10 Extreme

Are you currently suicidal? ___ Yes ___ No

Do you have a counselor preference? (not guaranteed)

___ Male  ___ Female  ___ Focused on Eating/Body Issues

Please mark all the times you ARE available to meet between 8:30am and 4:30pm. Please be as flexible as possible.

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Office Use Only: